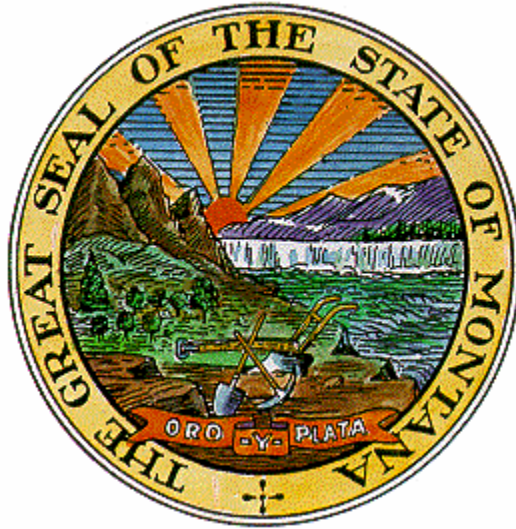


STATE OF MONTANA DISASTER & EMERGENCY PLAN



VOLUME XIII HUMAN DISEASE/PUBLIC HEALTH EMERGENCY PLAN

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HUMAN DISEASE AND PUBLIC HEALTH EMERGENCY PLAN

Foreword

On November 9, 2004, the Governor of the State of Montana signed Executive Order # 17-04 which formally recognized and adopted the National Incident Management System (NIMS) as the state's official disaster and emergency management model. This system will be used to develop Montana's approach to prevent, prepare for, respond to and recover from domestic incidents, regardless of the cause, size or complexity.

In keeping with this order, the DPHHS, Human Disease and Public Health Emergency Plan was developed to be in full compliance with NIMS including adopting the basic tenets of the Incident Command System (ICS).

DPHHS Continuity of Operations (COOP) for the Emergency Operations Center (EOC): The EOC will be the primary location from which the Incident Commander will manage the response to any incident/event. Whenever the EOC is activated, personnel will be notified by whatever means is available. If necessary, face to face notification.

- The primary location of the EOC will be in the Cogswell Building, Room C 209
- The alternate site is the DPHHS Disability Services Office at 2550 Prospect.
- If unavailable, for whatever the reason, another designated fixed site, or one of the Mobil Incident Management Unit (MIMU) will be utilized.

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HUMAN DISEASE AND PUBLIC HEALTH EMERGENCY PLAN

Acknowledgements

The Montana Department of Public Health and Human Service's Public Health Emergency Plan is the product of collaborative efforts involving public health partners at the local, state, tribal and federal levels. We would like to acknowledge the on going communication and collaboration from jurisdictions across Montana; the staff of the DPHHS Public Health & Safety Division; the DPHHS Emergency Preparedness and Response Core Working Group; Montana Disaster and Emergency Services and the U.S. Centers for Disease Control and Prevention.

Numerous state and local documents were reviewed during the development of this plan with the intent to draw upon the strengths of work done by others for the benefit of all. DPHHS wishes to acknowledge and thank the following states and local jurisdictions for their contributions to the plan:

Federal Plans

U.S. Department of Homeland Security, National Response Plan, December 2004.

U.S. Centers for Disease Control and Prevention, Public Health Emergency Response Guide for State, Local and Tribal Public Health Directors, October 2004.

State Plans

State of California Bioterrorism Surveillance & Epidemiologic Response Plan, January 2002.

State of North Carolina Emergency Operations Plan, Appendix 7 to Annex B: Infectious Disease and Bioterrorism Operations Plan, December 2003.

State of Kansas Department of Health and Environment, Bioterrorism Preparedness and Response Plan, November 2001.

State of West Virginia Emergency Operations Basic Plan, February 2005.

State of New Mexico Psychosocial Emergency Response Plan, November 2004.

Local Plans

Westtown Township, Chester County, Commonwealth of Pennsylvania, Emergency Operations Plan for Emergency/Disaster Operations, September 2002.

Delaware County Comprehensive Emergency Management Plan, August 2003.

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Montana Disaster & Emergency Plan
Volume XIII
Human Disease/Public Health Emergency Plan

SECTION I.

Purpose:

This emergency response plan is designed to:

- Support the Montana DES Emergency Operations Plan by outlining the procedures and actions that the state will execute in response to human disease and other public health emergencies.
- Provide for recognition and organized management by DPHHS of statewide responses to human disease/public health emergencies in Montana.
- Assign duties and responsibilities to specific departmental positions for the command and control of incidents.
- Supply the needed framework within which more detailed, incident-specific emergency plans can be developed and maintained as needed.

Scope

- The scope of this human disease emergency response plan is not limited by the nature of any particular disease. This plan is designed to be applied with equal effectiveness against all human diseases, whether they be infections or noninfectious, intentional or unintentional.
- The scope of this plan only encompasses operations involving duties that are statutorily mandated to DPHHS. It recognizes the responsibilities and respects the autonomy of other jurisdictions and response agencies at the following levels:
 - Local
 - State
 - Tribal
 - Federal
 - International

Authorities:

M.C.A. 50-1-202	General powers and duties of DPHHS
M.C.A. 50-1-204	Quarantine and isolation measures
M.C.A. 50-2-116	Powers and duties of local boards of health
M.C.A. 50-2-118	Powers and duties of local health officers
M.C.A. 50-2-120	Assistance from law enforcement officials
A.R.M. 37.114.101	General provisions; communicable disease control
A.R.M. 37.114.203	Reportable diseases and conditions
A.R.M. 37.114.307	Quarantine of disease case contacts
A.R.M. 37.114.308	Isolation of cases of disease
A.R.M. 37.114.314	Investigation of reportable disease cases
A.R.M. 37.114.315	Cooperation with epidemiologist to control disease spread

Activation: The decision to activate the DPHHS EOC will be made by the DPHHS Public Health & Safety Division Administrator, or designee, DPHHS Department Director, or designee.

Maintenance: The Public Health Emergency Coordinator will be responsible for regular review and update of the document. This will occur at least annually, or more frequently on an ad hoc basis as needed.

Assumptions

- Disease outbreaks and other public health emergencies will not always unfold in a well-defined and predictable manner. A comprehensive response plan, therefore, cannot be rigid, but must necessarily be able to adapt and conform to the circumstances of the particular situation.
- Public health emergencies will require varying levels of response. While this plan will be based on a worst-case scenario, a response will be conducted at the lowest possible activation level to effectively and efficiently handle the situation.
- The initial response to a public health emergency will likely resemble the routine response to an everyday occurrence.
- Local, state, tribal and federal responders will have overlapping responsibilities.
- Incidents may occur without warning and at a time when state offices are closed.
- In a major event, national press will be present along with local media.
- Cooperators identified in the operation plan, or their designees, are responsible for the duties outlined. In addition, cooperators assume the responsibility for adequate staffing to accommodate 24-hour operations should the incident require such a response.
- DPHHS and its staff will make every effort to respond to individuals who are affected by a crisis or emergency with concern and compassion.

SECTION II: COOPERATORS INVOLVED IN THE OPERATIONAL PLAN WITH THEIR IDENTIFIED ROLE & RESPONSIBILITIES

A. Incident Manager

- The Incident Manager (IM) is necessarily an individual in a position with upper level decision-making authority who has an administrative span of control that cuts across all work units which might reasonably be expected to become involved in the state response to a public health emergency.
- The role of the IM will be served by the DPHHS, Public Health and Safety Division Administrator, or designee.
- If a designee is assigned to serve as IM, they will be afforded full authority and responsibility for managing the incident activities as provided for in the *Delegation of Authority* form (Appendix 1).
- The IM is responsible for:
 - i. Establishing command
 - ii. Assessing incident priorities
 - iii. Determining operational objectives
 - iv. Developing & implementing an Incident Action Plan (IAP)
 - v. Maintaining a manageable span of control
 - vi. Coordinating overall emergency activities

B. Incident Command Advisory Group

- The Incident Command Advisory Group (ICAG) functions to provide expert technical, scientific and administrative advice in support of the Command's mission and objectives.
- The composition of the ICAG consists of the State Medical Officer, the State Communicable Disease Epidemiologist, the CDC Career Epidemiology Field Officer, the DPHHS Chief Legal Counsel, PHSD Bureau Chiefs as needed depending on the particular incident, and also any other incident-specific administrative official or advisor (e.g., the Immunization Section Supervisor in the event of a vaccine preventable disease emergency such as pandemic influenza).
- Incident-specific ICAG members will be determined and appointed by the IM.
- The ICAG is responsible for providing subject matter expertise to the IM.

C. State Emergency Coordination Center Representative

- In the event that a public health emergency results in the concomitant activation of the State Emergency Coordination Center (SECC), this cooperator will represent DPHHS at the SECC at Fort Harrison.
- This position will be assumed by the DPHHS Deputy Director who has oversight for Public Health and Safety Division activities.
- The SECC Representative is responsible for serving as the official liaison between DPHHS and DES during emergency operations.

D. Liaison Officer

- The role of the Liaison Officer (LO) will be served by the DPHHS Public Health Emergency Preparedness Coordinator.
- The LO functions as the incident contact person for representatives from other agencies.
- As Public Health Emergency Preparedness Coordinator, the LO will also serve to function as the "EOC Traffic Cop" by monitoring EOC operations to 1) ensure proper coordination and

communication among command staff sections, and 2) identify current or potential inter-organizational problems.

E. Public Information Officer

- The Public Information Officer (PIO) is tasked with handling all media inquiries and coordinating the release of information to the public.
- The DPHHS PIO will coordinate with the Public Health Emergency Preparedness Risk Communications Coordinator.

E. Safety Officer

- It is the responsibility and duty of the Safety Officer to monitor safety conditions and develop measures for ensuring the safety of all assigned personnel.
- This position will be assumed by either one of the two Safety Coordinators administratively located in the Personnel/Human Resources Division of the Directors Office.
- The Human Resources Director will make assignment of Safety Officer.

F. Planning Section Chief

- The planning section chief oversees all incident-related data gathering and analysis regarding incident operations and assigned resources, develops alternatives for tactical operations, conducts planning meetings, and prepares the incident action plan for each operational period.
- The Public Health Informatics Section Supervisor shall assume this position.

G. Operations Section Chief

- The operations section chief oversees and coordinates all activities that are directly responsible for accomplishing the strategic goals and objectives set by the incident manager. The operations section chief establishes the tactics necessary to achieve the incident objectives as outlined in the incident action plan.
- The Epidemiology Section Supervisor shall assume this position.

H. Logistics Section Chief

- The logistics section chief oversees and coordinates all activities that support command and operations in their use of personnel, equipment, and supplies. Logistics also supports the maintenance of facilities used by operational activities.
- The Public Health Emergency Preparedness Section Supervisor shall assume this position.

I. Finance/Administration Section Chief

- The finance and administration section chief oversees and coordinates all activities that involve administrative issues, and in the tracking and process of incident expenses.
- The Financial Operations & Support Service's Chief Financial Officer shall assume this position.

J. Command Staff

- The Command Staff consists of those individuals in positions above the level of Section Chief on the organizational chart.
- Command Staff members include the DPHHS Incident Manager, the SECC Liaison, Safety Officer, PIO, Liaison Officer along with the all of the members of the Incident Command Advisory Group as designated by the Incident Manager.

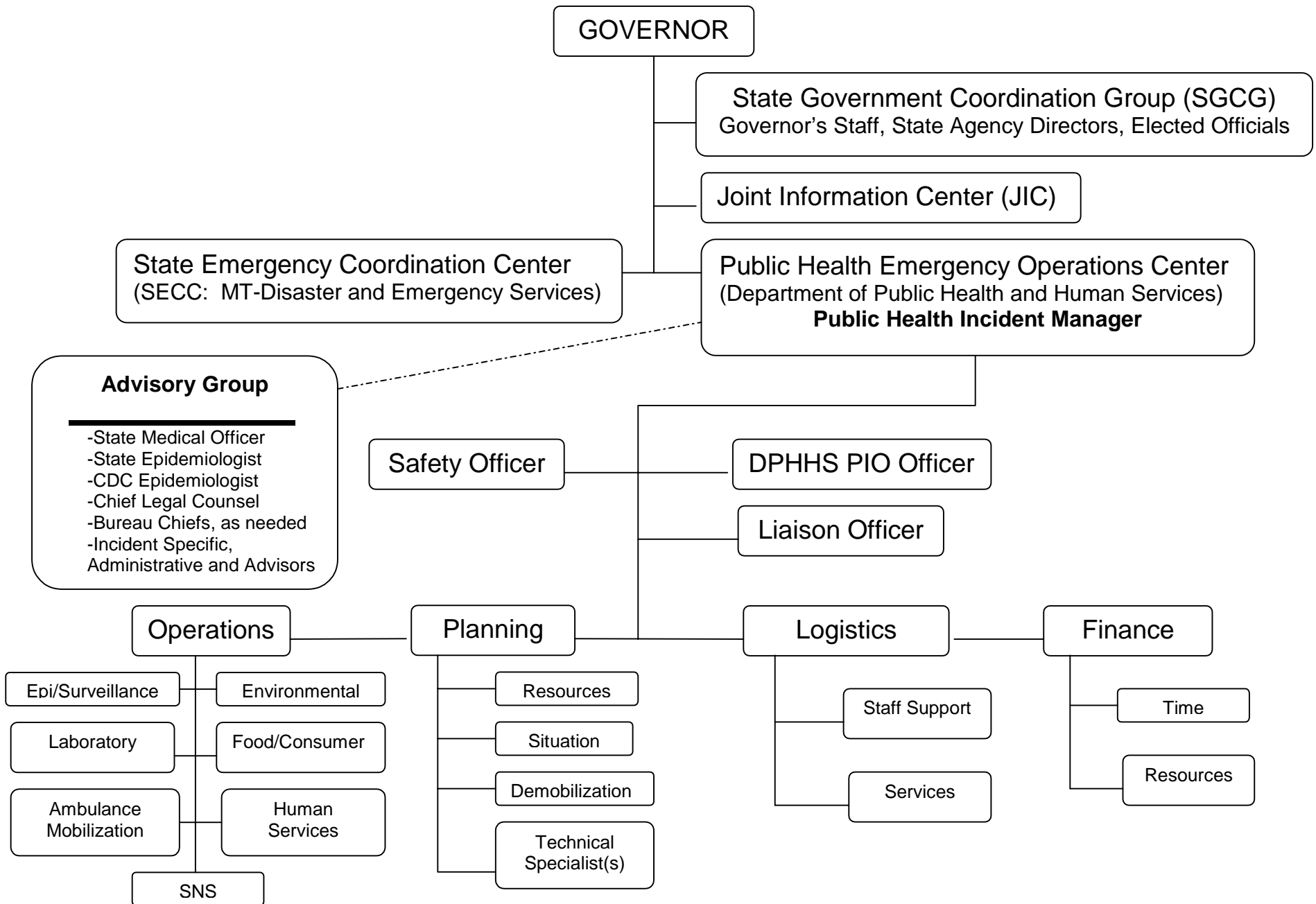
K. General Staff

- The Operations, Planning, Logistics, and Finance Section Chiefs constitute the General Staff.
- The Command Staff and General Staff function as the DPHHS incident management team structure.
- This organizational structure will expand (or contract) as is necessary to meet the operational requirement(s).

The incident command structure of the DPHHS Human Disease/Public Health Emergency Response Plan is organized as shown in Figure 1.

INCIDENT MANAGEMENT STRUCTURE

Human Disease/Public Health Emergency



SECTION III: CONCEPT OF OPERATIONS

- Upon activation of the DPHHS EOC;
 - the Incident Manager will immediately notify the DPHHS Department Director and DES on-call duty officer
- The IM will;
 - determine the initial scale and scope of ICS activation appropriate for the situation
 - decide on the incident-specific need for additional individuals to be appointed by the IM to serve on the ICAG
- The Incident Manager will consider advice from the ICAG, and;
 - set incident priorities
 - determine operational objectives
 - develop and implement an Incident Action Plan
 - expand or contract the ICS structure as needed
- In the event that the SECC is activated;
 - DPHHS and DES will exchange Agency Representatives for purposes of continuity of operations
 - If implemented, the DPHHS Director, or designee, will serve as the agency representative to the Multi-Agency Coordination Group (MAC).
- Emergency operations are to be exercised by the lowest level of government affected, and this plan is predicated upon the concept that emergency operations will begin at the local level.
 - State assistance will be provided upon request when emergency or disaster needs exceed local capabilities
 - The state's response during incidents is initially based on the availability of state resources
 - If the health demands exceed state capabilities, federal health agency and other state agencies assistance will be requested through Emergency Management Assistance Compact (EMAC).
 - Federal assistance is supplemental to, not a substitute for, relief provided by the state and its political subdivisions.
- Involvement of other state agencies, and their collaboration in response activities will be coordinated through DES per M.C.A. 10-3-105(4b).
- When the ICS structure is expanded by activating one or more of the command sections, the section chief(s) will receive a detailed briefing by the Incident Manager before assuming their responsibilities.
 - Only those functional elements that are necessary to meet identified objectives will be activated.
 - Section chiefs are responsible for determining the level of activation within the section needed to accomplish operational objectives.
- The General Staff will convene for briefings at the call of the Incident Manager
- Special briefings will take place at shift changes to advise relief staff of the current status.
 - Shift changes will occur at 12 hour intervals
- Implementation of operations is to be as self-triggering as possible and not dependent on the presence of a particular individual.

SECTION IV: ANNEXES

SECTION V: APPENDICES

DELEGATION OF AUTHORITY

_____ is assigned as Incident Manager on the _____
(Print Name) (Name of Incident)
incident. You have full authority and responsibility for managing the incident activities within the framework of law, agency policy, and direction of the DPHHS Department Director and the Incident Command Advisory Group.

Your primary responsibility is to organize and direct your assigned and ordered resources for efficient and effective control of the Incident. You are accountable to the Department Director through the Public Health and Safety Division Administrator. Financial limitations will be consistent with the best approach to the values at risk.

Specific direction for this incident covering management and other concerns are:

I hereby agree to accept these duties and responsibilities:

(Signature)

Date and time

Division Administrator

Date and time

Department Director

Date and time

SECTION VI: ACRONYMS

A.R.M.	Administrative Rules of Montana
CDC	U.S. Centers for Disease Control and Prevention
DES	Montana Disaster & Emergency Services Division
DPHHS	Montana Department of Public Health & Human Services
EOC	Emergency Operations Center
IAP	Incident Action Plan
IM	Incident Manager
ICAG	Incident Command Advisory Group
LO	Liaison Officer
MAC	Multi-Agency Coordination Group
M.C.A.	Montana Code Annotated
NIMS	National Incident Management System
PIO	Public Information Officer
SECC	State Emergency Coordination Center

SECTION VII: DEFINITIONS

AGENCY REPRESENTATIVES

The agency representative is an individual assigned to the State Emergency Coordination Center (SECC) from a federal, state, local, tribal or private agency, which has been delegated full authority to make decisions on all matters effecting the agency's participation at the SECC. In the operation of the SECC, agency representative report to the Operations Coordinator.

1. Obtain a briefing from the SECC Commander or Liaison Officer
2. Establish working location
3. Ensure current situation and resource status is provided by their agency
4. Determine specific resource requirements by agency
5. Attend planning meetings as required
6. Provide input on use of agency resources
7. Maintain activity log (ICS – 214)

MULTI-AGENCY COORDINATION

The Multi-Agency Coordination Group (MAC) is responsible for the strategic direction of state level emergency operations. It performs or supports the command function and includes representation from state agencies or jurisdictions. Mutual aid liaison at the policy level is established here. Strategic direction is articulated from the MAC Group.

1. The MAC Group will:
 - a. Analyze all available information about the emergency situation
 - b. Develop, refine and carry out a joint response and recovery policy
 - c. Prioritize incidents by an agreed upon set of criteria
 - d. Plan the deployment of appropriate resources to ensure response agencies adequate support for management of the emergency
 - e. Insure that the operating forces of the various response and support agencies work together in a mutually supporting effort
 - f. Consider legal/fiscal implications
 - g. Review the need for participation by other agencies
2. Depending upon the situation, the MAC Group should consist of:
 - a. Agency directors from responsible agencies/jurisdictions, and/or those heavily supporting the effort and/or are significantly impacted by the use of resources by local government. The personnel comprising the MAC Group must be **fully authorized** to represent and commit their agency.

SECTION VIII. RECORD OF CHANGE

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COMMUNICABLE DISEASE EMERGENCY CONTACTS OF HEALTH JURISDICTIONS SURROUNDING MONTANA

Updated 3/21/05

<u>Alaska</u>	800.478.0084
<u>Idaho</u>	208.846.7610
<u>Montana</u>	406.444.0273
<u>North Dakota</u>	701.328.2376
<u>South Dakota</u>	605.280.4810
<u>Oregon</u>	503.731.4030
<u>Washington</u>	206.418.5500
<u>Wyoming</u>	888.996.9104

<u>Alberta</u>	780.415.2797 (office)
.....	780.419.9262 (pager)
<u>British Columbia</u>	604.312.9220 (cell)
.....	604.320.8212(pager)
<u>Saskatchewan</u>	306.787.1580 (office)
.....	360.539.9856(pager)

CDC - Emergency Response Hotline (24 Hours) 770. 488.7100